Certification under 37 CFR 1.10

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with The United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10, "Express Mail" Mailing No. EM135399935US on November 26, 1996 and is addressed to The Assistant Commissioner for Patents, Washington, D.C. 20231.

_____Debra M. Szumowski_____
Name of person mailing paper

_____
Signature of person mailing paper

DOCKET: CU-1446

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

APPLICANT: Rolf ENGSTAD et al   )
)
SERIAL NO: 08/716,344   )
)
FILING DATE: October 2, 1996   )
)
TITLE: ENZYME TREATMENT OF GLUCANS)
)
U.S. COMPLETION OF PCT/IB95/00265 filed 18 April 1995   )

The Assistant Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR REFUND UNDER 37 CFR 1.28(a)

Dear Sir:

This is a request for refund being made within two months of the date of payment of the first fee paid in this application, namely the filing fee on October 2, 1996.

Enclosed is a copy of a Verified Statement Claiming Small Entity Status is being filed simultaneously herewith on behalf of the assignee, the original of which is being filed simultaneously herewith.

Please refund one-half of said fee, namely $495 and credit the same to our Deposit Account No. 12-0400.

A duplicate copy of this request is attached.

Respectfully submitted,

____11/26/96____
Date
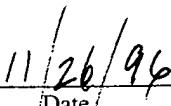
uspct/47
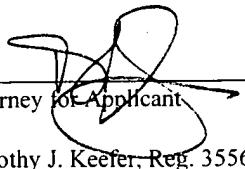
_____
Attorney for Applicant

Timothy J. Keefer, Reg. 35567
c/o Ladas & Parry
224 South Michigan Avenue
Chicago, Illinois 60604
(312) 427-1300

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 12/31/96	2 Serial/Patent # 08 716344

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing			$455.00
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
✓ Other *Claims*			$40.00

7 TOTAL AMOUNT OF REFUND	$495.00

8 TO BE REFUNDED BY:

Treasury Check

✓ Credit Deposit A/C #:

9 | 1 | 2 | -- | 0 | 4 | 0 | 0 |

10 REASON:

✓	Overpayment
	Duplicate Payment
	No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Denise Reaves   TITLE: Para..

SIGNATURE: _____   PHONE: 308-6454

OFFICE: _____

****

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APPROVED: Bill Phillips   DATE: 3-8-97

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Refund Branch
Crystal Park One, Room 802B